700 INTERNAL TRANSFER	REQUEST FOR S.N.	00/2/19,489
ATE: 2/22/99	FROM: R.NGO	(print name)
	REASON(S):	
ORWARD TO:	A. You had Parent	(check box)
. Art Unit: 2742	B. See Title	(check box)
. Class: 379	C. See Abstract	(check box)
Subclass:	D. See Claim(s):	
URTHER EXPLANATION IF NE	EDED:	
ATE.	FROM:	(print name)
DATE:		
	REASON(S): A. You had Parent	(check box)
FORWARD TO:	B. See Title	(check box)
A. Art Unit:	C. See Abstract	(check box)
B. Class: C Subclass:	D. See Claim(s):	•
DATE:	FROM:	(print name
	REASON(S):	
FORWARD TO CLASSIFIER	A. You had Parent	(check box)
	B. See Title	(check box)
	C. See Abstract	(check box)
	D. See Claim(s):	
FURTHER EXPLANATION IF N	EEDED:	
DISPOSITION BY 2700 CI	ASSIFICATION	
DATE:	CLASSIFIER:	
	REASON(S):	·
FORWARD TO:	A. You had Parent	(check box)
A. Art Unit:	B. See Title	(check box)
B. Class:	-	
	C. See Abstract	(check box)

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FURTHER EXPLANATION IF NEEDED: